PTO/SB/01 (6–95) (modified)
Approved for use through 10/31/96 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95		U.S. Department		Attorney Docket	Number	4926				
				First Named Inv	entor	Peter Callas				
DECLARATION FOR				COMPLETE IF KNOWN						
l .	OR DESI PPLICAT		Application Nur	nber						
				Filing Date	· · · - ·					
				Group Art Unit	•					
[X] Declaration Submitted with Initial F		Š	Declaration ubmitted after nitial Filing	Examiner Name						
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
ENDOSCOPIC SURGICAL ACCESS PORT AND METHOD										
the specification of which (Title of the Invention)										
[X] is attached heret	0									
OR		M P								
as United States Application Number or PCT International										
Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amen		-								
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations. § 1.56.										
I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 385(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
•	Prior Foreign Application Coun		· 1	reign Filing Date		riority	Certified Cor	. •		
Number(s)	Number(s)		(M	IM/DD/YYYY)			YES	NO		
								[]		
							[]			
						11		[]		
					i		[]	[]		
[] Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:										
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.										
Application				te (MM/DD/YYYY		[] Additional provisional				
r.F. C.							ation numbers are	e		
					listed on a supplemental					
						sheet attached hereto.				

DEC		Page 2							
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
U.S. Parent Application Number	PCT Pa Numb		T.	rent Filin IM/DD/Y	•	P	Parent Patent Number (if applicable)		
[] Additional U.S. or PCT in	nternational applic	cation number	ers are list	ed on a su	ipplemental	priority sh	eet attached	l hereto.	
As a named inventor, I hereby business in the Patent and Trac				r agent(s)	to prosecute	this appli	cation and t	to transact all	
Name	Registratio			Name	е		Registration		
Albert C. Smitl	Number 20,355			Dana S.		Number 43,875			
[] Additional attorney(s) an Please direct all correspondence to		ied on a supp	lemental	sheet atta	ched hereto.				
Albert C. Smith Fenwick & West LLP Two Palo Alto Square Palo Alto, CA 94306 U.S.A.									
Telephone (650) 858-7296	5			Fax	(650) 494	4-1417	-	·	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor									
Given Name Peter	liddle nitial	Colles					Suffix e.g. Jr.		
Inventor's Signature Out to Cally Date 8/22/W									
Residence: City Redwood	City	State	CA C	Country	U.S.A.	C	citizenship	U.S.A.	
Mailing Address 51 Broa	dway								
Mailing Address									
City Redwood City		State	CA	Zip 94	063	Country	U.S.A.		
I XI Additional inventors are b	eing named on cu	innlemental	cheet(c) at	tached he	reto		•		

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor	[] A									
Given John	Middle Initial	P.		Family Name Lunsford				Suffix e.g. Jr.		
Inventor's	1	1		2 /		Date	8-	23-0		
Residence: City San Carlos	Sta	ite Q	A	Country	U.S.A		<u>' </u>	tizenship	U.S.A.	
<u> </u>				Country	0.5.4	•		nzensinp	U.S.A.	
								····		
Mailing Address					<u> </u>	23-00		1		
City San Carlos	Si	ate	CA	Zip 1	i.S.A . 94	070 0	Country	U.S.A.		
Name of Additional Joint Inventor			[] A	A petition	has been 1	iled for	this uns	igned inve	ntor	
Given Name Albert acc 8.21-00 Middle Initial K. Family Name Chin Suffix e.g. Jr.										
Inventor's Signature		8.21	-00	0		Date	te 8-21-			
Residence: City Palo Alto	Sta	State CA		Country U.S.		. Citize		tizenship	U.S.A.	
Mailing Address 2021 Newell Road										
Mailing Address		-								
City Palo Alto	St	State CA		Zip	С		Country	ountry U.S.A.		
Name of Additional Joint Inventor	r, if any:	1	[] A	A petition	has been 1	iled for	this uns	igned inve	ntor	
Given Name Michael Mid				amily ame			1	Suffix e.g. Jr.		
Inventor's Signature	-		•			Date	8/22	·l∞		
Residence: City San Mateo		State CA		Country U.S		A. Citi		izenship U.S.A.		
Mailing Address 177 N. El Camino Real, #18										
Mailing Address										
City San Mateo	Sı	ate	CA	Zip 9	94401	C	Country	U.S.A.		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Name of Additional Joint Inventor	r, if any:	ł								
Given	Middle		F	amily		. ,			Suffix	
Given Name Inventor's	•		F						Suffix e.g. Jr.	
Given Name Inventor's Signature	Middle Initial		F	amily ame		Date	C		-	
Given Name Inventor's Signature Residence: City	Middle		F	amily			Ci		-	
Given Name Inventor's Signature Residence: City Mailing Address	Middle Initial		F	amily ame			Ci		-	
Given Name Inventor's Signature Residence: City	Middle Initial		F	amily ame		Date	Country		-	